

**TEXAS DEPARTMENT OF STATE HEALTH SERVICES  
TUBERCULIN SKIN TEST  
PEDIATRIC POSITIVE REACTOR WORK SHEET**

Reporting Agency \_\_\_\_\_

Date of Test \_\_\_\_\_

Results \_\_\_\_\_mm

Child's Name \_\_\_\_\_

DOB \_\_\_\_\_

Address \_\_\_\_\_

Child's Race:  White  
 Black or African American  
 Asian  
 Native Hawaiian or Pacific Islander  
 American Indian or Alaskan Native  
 Unknown

Parent or Guardian \_\_\_\_\_

Results of Child's Evaluation

Chest x-ray  Normal  Abnormal

Diagnosis  M. TB Infection, No Disease  
 M. TB Infection, Current Disease  
 M. TB, No Current Disease  
 M. TB Suspect, Diagnosis Pending

Child's Ethnicity:  Hispanic or Latino  
 Not Hispanic or Latino  
 Unknown

Associate's Identity			LTBI Test Results			Chest X-Ray Results		Remarks*
Name and Address	Relationship	DOB	Date	Mantoux	Other	Date		
		/ /	/ /	mm		/ /	<input type="checkbox"/> No Evidence of TB <input type="checkbox"/> Abnormal - Suggestive of TB	
		/ /	/ /	mm		/ /	<input type="checkbox"/> No Evidence of TB <input type="checkbox"/> Abnormal - Suggestive of TB	
		/ /	/ /	mm		/ /	<input type="checkbox"/> No Evidence of TB <input type="checkbox"/> Abnormal - Suggestive of TB	
		/ /	/ /	mm		/ /	<input type="checkbox"/> No Evidence of TB <input type="checkbox"/> Abnormal - Suggestive of TB	
		/ /	/ /	mm		/ /	<input type="checkbox"/> No Evidence of TB <input type="checkbox"/> Abnormal - Suggestive of TB	
		/ /	/ /	mm		/ /	<input type="checkbox"/> No Evidence of TB <input type="checkbox"/> Abnormal - Suggestive of TB	

\* Include presence or absence of symptoms of TB disease, results of sputum smear or culture, etc.